DOCUMENT RESUME

ED 429 744 RC 021 894

AUTHOR Hammond, Helen
TITLE Developing Prereferral Teams in Your Schools and Keeping Them There!
PUB DATE 1999-03-00
NOTE 7p.; In: Rural Special Education for the New Millennium. Conference Proceedings of the American Council on Rural Special Education (ACRES) (19th, Albuquerque, New Mexico, March 25-27, 1999); see RC 021 888.
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Consultation Programs; Educational Diagnosis; Elementary Secondary Education; *Prereferral Intervention; Prevention; Program Termination; Qualitative Research; Referral; Rural Schools; Special Education; *Teacher Collaboration

ABSTRACT

A followup study of 10 prereferral teams within a rural, northwestern state investigated common causes for prereferral teams to be discontinued within schools and examined effective methods being used to maintain the prereferral teams. Prereferral teams assist general educators with academic and behavioral concerns they encounter with their students, thereby reducing referrals to special education services. Each of the prereferral teams studied consisted of 7-9 members, mostly general education teachers. Eight of the 10 teams remained in operation, providing school support as needed. One team was no longer functioning, while another had shifted its focus to monitoring "at-risk" sophomores. Information collected from special education directors and prereferral team members revealed strengths and weaknessess evident in team operations. A rotation system in which team members served for a period of time and then were released from their duties was an effective mechanism for preventing burn-out. Other factors contributing to team success were realization by school personnel of the benefits of prereferral services, multidisciplinary team membership and transdisciplinary operations, and use of a tracking system to provide continuity of effort in the next school year. Results strongly support the provision of formal team training and ongoing support for newly developing prereferral teams. Contains 15 references. (CDS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Diane Montgomery

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Helen Hammond
University of Texas @ El Paso
College of Education #707
El Paso, Texas 79968

ED 429 744

DEVELOPING PREREFERRAL TEAMS IN YOUR SCHOOLS AND KEEPING THEM THERE!

Using prereferral intervention teams have become a preferred educational practice for educators within our Schools (Chalfant & Pysh, 1989; Dodd, Nelson, Spint, 1995; Hayek, 1987; Kruger, Struzziero, Watts, & Vacca, 1995; Strickland & Turnbull, 1990; Walsh, 1989). These teams have been used successfully to assist general educators with the academic and behavorial concerns they encounter with their students in the classroom. In particular, researchers have found that the use of prereferral teams within a school can be extremely effective in reducing the number of referrals to special education services (Chalfant & Pysh, 1989; Dodd, Nelson, Spint, 1995; Fuchs, Fuchs, & Bahr, 1990; Hayek, 1987; Howard, 1984; Kruger, Struzziero, Watts, & Vacca, 1995; Morgan & Jenson, 1988; Rivera & Smith, 1997; Smith, Polloway, Patton, & Dowdy, 1998). Additionally, the teams have been extremely effective in helping to maintain a student, who is encountering academic or behavioral problems, within the general education setting.

The prereferral process involves several steps. Generally, the teacher, who has concerns about a child's behavioral or academic performance, refers the concerns to the prereferral team. Following the referral, the teacher, who initiated the concern, meets with the school-based prereferral team members to discuss the concerns, interventions that have been tried and the results of such interventions. After this discussion, the teacher and members of the team engage in problem-solving activities to assist the teacher with the concerns. Together, these professionals either generate new interventions for the teacher to implement, recommend the teacher continue to use the interventions that have been used with the student for an additional time period, or a combination of both. The team may meet again in one or two weeks with the teacher to discuss results of the prereferral interventions. Changes or continuation of the interventions may be recommended by the team. Typically, these interventions are tried for approximately six to nine weeks to determine effectiveness (Chalfant & Pysh, 1989; Hayek, 1987; Smith, Polloway, Patton, & Dowdy, 1998) Thus, if the prereferral intervention is successful, the student will not be referred for a special education assessment. Since assistance is being provided in a timely manner to the teacher and consequently the student, the inevitable frustrations the teacher and student would have encountered is reduced.

The prereferral teams have had a significant positive impact nation wide (Chalfant & Pysh, 1989; Dodd, Nelson, Spint, 1995; Hayek, 1987; Howard, 1984; Ingalls & Hammond, 1996; Kruger, Struzziero, Watts, & Vacca, 1995; Morgan & Jenson, 1988; Rivera & Smith, 1997; Smith, Polloway, Patton, & Dowdy, 1998; Strickland & Turnbiill, 1990 Walker & 8hea, 1995). More and more schools within United States are attempting to form school-based prereferral teams. All too often, however, the teams remain in operation for only one or two years and then are no longer supported. Following this short period of time, frequently the prereferral teams and their operations are dissolved within the school system (Kruger, Struzziero, Watts, & Vacca, 1995).

Several critical factors have been cited as being instrumental in promoting the successful continuation of prereferral intervention teams. Team members should receive administrative support for their activities (Chalfant & Pysh, 1989; Hayek, 1987; Kruger, Struzziero, Watts, & Vacca, 1995) realize

RC 021894

 BEST COPY AVAILABLE

the purpose for their team activities (Chalfant & Pysh, 1989; Harris, 1995; Kruger, Struzziero, Watts, & Vacca, 1995; Walsh, 1989), receive adequate training in implementing prereferral interventions (Chalfant & Pysh, 1989; Harris, 1995; Hayek, 1987; Kruger, Struzziero, Watts, & Vacca, 1995; Walsh, 1989) and learn effective "teaming" skills (Hammond, Ingalls, Olson, Greenfield, & Edson, 1995; Ingalls & Hammond, 1996). Other authors noted the importance of feeling supported by their professional colleagues within their school for their efforts (Chalfant & Pysh, 1989; Kruger, Struzziero, Watts, & Vacca, 1995; Walsh, 1989). Other logistical issues surround compensation for professional time. Harris (1995) found teachers wanted meetings held within the school day hours, receive stipends for their extra time, and have their involvement be applied to service requirements. Other researchers emphasized the importance of utilizing an efficient system of operations within their school for implementing the prereferal program (Chalfant & Pysh, 1989; Hayek, 1987; Walsht 1989). They cited such critical activities as including efficiency of teacher time, adequate teacher training, and effective communication between professionals.

The purpose of this study was two-fold: a) to further investigate common causes for prereferral teams to be discontinued within schools and b) to investigate effective methods being used by schools to maintain the prereferral teams. This project involved implementing a follow-up study with 10 prereferral teams within a rural, north western state. The 10 teams were originally studied during a multi-year project of which they were supported in forming their prereferral teams (Hammond, Ingalls, Olson, Edson, & Greenfield, 1994) and followed to monitor their success at assisting general education teachers in helping students in academic and behavioral areas and in reducing the number of referrals to special education (Ingalls & Hammond, 1996).

To address these 2 areas of study, the following questions were asked of members of each of the teams and a key administrator with the tri-school district:

1. How many of the original 10 prereferral teams within your districts are still in tact and are operating as prereferral teams?

2. How many now teams have developed in your districts?

3. Describe in some detail the function and membership of your prereferral team, i.e. what is the purpose of your team and who are the professionals on the team?

4. Of the prereferral teams in place, why do school personnel believe they have been successful in maintaining their prereferral team, i.e. are there specific strategies used to maintain the team year after year?

5. What challenges has your prereferral school team faced over the years in continuing to keep your team at your school?

6. Many schools attempt to form prereferral teams, however, they face a variety of challenges. Unfortunately their ambitions to operate these teams decrease and the teams are discontinued. What major one or two points of advise would you give to other school personnel who are initiating prereferral teams at their school to assist them in achieving long term success at maintaining their teams?

This study used a qualitative design to investigate the 2 areas. The 6 questions were given to the special education director. He was instructed to respond to questions 1 and 2, since these questions were

addressing administrative issues, and the remaining 4 questions were to be completed by members of each of the teams. Additionally, team members were informed that a designated representative(s) could Complete the responses to the 4 questions, however, the responses must be representative of the whole team. Upon obtaining responses from participants, common patterns of response to questions 3 through 6 were identified. Those responses were used as summative data to answer the 4 questions.

There were 10 prereferral teams who responded to the 4 questions. Each team contained approximately 7 to 9 members. The majority of team members were general education teachers with the remaining members being a representative from the resource room, Title 1, social worker/guidance, speech and language, and administration.

Findings: Number of Prereferral Teams Maintained and Developed (Questions 1 and 2). According to the special education director, 8 of the 10 teams have remained in operation. The other 2 teams, which are located at high schools, have struggled to maintain their operations. One of these teams is not functioning at this time and the other team has changed its focus to monitoring "at risk" sophomores who are in danger of not earning enough credits to graduate. The 8 teams, which are in operation, function on an "as needs" basis providing school support when required. The director indicated that 1 new team has developed within their tri-school district.

Team Function: (Question 3). Team members stated their primary function of operation was to provide school personnel with direction and support in meeting the individual needs of students. They also believed it was important for their team to make sure all appropriate student documentation had been completed prior to referral to special education services. The membership of each of the teams was discussed in a previous section describing the participants of this study.

Maintenance: (Question 4). Team members discussed the reasons they believed they were able to successfully maintain their teams. These strategies include the following:

1. The general education staff participation was conducted on a rotation basis with 2 members serving for a 2 year term and then being replaced with 2 new members. This rotation reduced the chance that members would "burn-out" or lack interest in the team's operations.

2. School personnel realized the benefits of the prereferral team for both them and the students. They used the team regularly to seek assistance and they believed their concerns would genuinely be addressed.

3. The teams are multidisciplinary in membership and transdisciplinary in operation, thus they are not static and they utilize the various strength of the members.

4. The teams used a tracking system to ensure that efforts begun 1 year would transition to the next year.

Challenges: (Question 5). The teams have faced several challenges over the years. They believe they lack sufficient time to effectively meet to discuss students of concern. Most of the meetings have occurred before or after school hours and during teacher's prep times. They also are concerned about the lack of parental involvement in the teams' efforts. An additional challenge the teachers noted involves the particular population of students within their districts. There is a high percentage of students who are transient (approximately 30%), thus continuity of school assistance for students is affected. The school

personnel also believed that the districts lacked appropriate financial resources to provided the needed programs and personnel.

Suggestions: (Question 6). The prereferral teams offered the following advise for other prereferral teams:

1. Select a team model and operational style that matches the needs of your school.

2. Once your school has selected a model, receive adequate in-service to support your operations. It is important that teams receive ongoing in-service to support their operations. The ongoing in-service support will allow for team growth and the ability to mold the prereferral program to match the school's needs.

3. When initiating the development of a prereferral team within a school, the members who comprise the team should be ones who are very committed to helping students and in accomplishing the function of prereferral.

4. As new members are added to the team and replace previous members, they should receive adequate training and support regarding the team's norms, operational style, and individual roles and responsibilities.

5. Since team conflict is a common characteristic of teams, a training and set of follow through procedures for conflict resolution should be identified.

6. All team members should have clearly defined and delinated roles and responsibilities so that the majority of work does not fall on 1 or 2 members.

Discussion: The information collected from prereferral team members revealed several significant factors that supported the maintenance of the teams. A strength possessed by each of the 8 teams that have continued to remain in tact after their initial formation was they had received formal team training and follow-up support to assist them with their prereferral operations. Previous studies (Hammond, Ingalls, Olson, Edson, & Greenfieldi 1994,, Ingalls & Hammond, 1996) describe the details of the teams' training. Through a systematic format of training, teams were able to individualize their operations to match their schools' needs. Each of the teams were instrumental in forming a team vision which dictated the purpose and function for their team's operations. Additionally, members clearly learned the importance of establishing team norms and membership roles and responsibilities.

An additional strength held by the 8 teams was their ability to appreciate the skills and contributions of the various team members. Since the teams were multidisciplinary, the representation was varied and provided an assortment of personnel knowledge to effectively problem solve and address teacher concerns. Additionally, the use of a transdisciplinary operational style allowed members to feel professional satisfaction in their involvement on the team.

A third characteristic common to the 8 teams was they developed a system to alleviate the "burn-out" problem where staff become overwhelmed with meetings and school obligations. Using the rotation system for the general educators, staff were expected to serve on the teams for a reasonable time period and then were released from the team duties. This allowed members to maintain their enthusiasm for team operations.

The tracking system the teams used was extremely effective in assuring team efforts were recognized, utilized, and implemented across time and settings. This strategy additionally assisted members with feeling the importance of their roles and helped to decrease possible "burn-out" problems.

In analyzing the 2 high school teams which have discontintied or are struggling with teams operations, it is important to note these teams did not receive the team training the other teams received. One of these teams elected to not participate in the training, since they preferred to develop their team on their own. The second team joined the team training 2 years following the initiation of the districts' training project. These 2 factors are suspected to be major reasons that affected the success of their teams' maintenance.

In conclusion, the results of this study strongly support the provision of formal team training and ongoing support for newly developing prereferral teams. The tri-school district's administration provided team members with a focus to implement the prereferral process and furnished the necessary support over a period of several years to assure the teams not only maintained their operations but operated in an effective manner to assist teachers, students, and families. This study's findings have clear implications for rural schools who are attempting to meet the needs of a diverse student population with limited resources. The results of this investigation clearly underscores the importance of team training, administrative support, and staff commitment for the prereferral process.

References

Chalfant, J.C. & Van Duse Psyh, M. (1989). Teacher assstance teams: Five descriptive studies on 96 teams. Remedial and Special Education, 10(6), 49-58.

Dodd, J.M., Nelso, J.R. & Spint, W. (1995). Prereferral activities: One way to avoid biased testing procedures and possible inappropriate special education placement for American Indian students. The Journal of Educational Issues of Language Minority Students [On-Line], 15 Available: http://www.ncbe.gwu.edu/.../miscpubs/jeilms/vol15/preferra.html

Fuchs, D., Fuchs, L. & Bahr, M.W. (1990). Mainstreaming assistance teams: A scientific basis for the art of consultation. Exceptional Children, 57, 128-139.

Hammond, H., Ingalls, I., Olson, J., Edson, F. & Greenfield, R. (1995). Rural education teams: A team building project. Rural Special Education Quarterly, 14(1), 3-10.

Harris, K.C. (1995). School-based bilingual special education teacher assistance teams. Remedial and Special Education,16(4), 337-343.

Hayek, R.A. (1987). The teacher assistance team: A pre-referral support system. Focus on Exceptional Children, 20(1), 1-7.

Howard, J.S. (1984). Teaching and using family systems thinking for effective pre-referral intervention. Paper presented at the Annual meeting of the National Association of School Psychologists 16th Philadelphia, Pa.

Ingalls, L. & Hammond, H. (1996). Prereferral schools-based teams: How effective are they? Rural Special Education Quarterly, 15(2), 9-18.

Kruger, L.J., Struzziero, J., Watts, R. & Vacca, D. (1995). The relationship between organizational support and satisfaction with teacher assistance teams. Remedial and Special Education, 16(4), 203-211.

Morgan, D.P. & Jenson, W.R. (1988). Teaching behaviorally disordered students: Preferred practices. N.Y.: Macmillan.

Rivera, D.P. & Smith, D.D. (1997). Teaching students with learning and behavior problems. (3rd ed.) Mass.: Allyn & Bacon.

Walker, J.E. & Shea, T.M. 1991). Behavior management: A practical approach for educators. (6th ed.) N.J.: Merill.

Smith, T.E.C., Polloway, E.A., Patron, J.R. & Dowdy, C.A. (1998). Teaching students with special needs in inclusive settings. (2nd ed.) Mass: Allyn & Bacon.

Strickland, B.B. & Turnbull, A.P. (1990). Developing and implementing individualized education programs. (3rd ed.) Oh: Merill.

Walsh, J.M. (1989). Implementation of prereferral intervention. Paper presented at the Annual Convention of the Council for Exceptional Children 67th, San Francisco, Ca.